

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/067,987</td> </tr> <tr> <td>Filing Date</td> <td>02/08/2002</td> </tr> <tr> <td>First Named Inventor</td> <td>JESSE GAYTAN</td> </tr> <tr> <td>Art Unit</td> <td>1743</td> </tr> <tr> <td>Examiner Name</td> <td>Keri A. Moss</td> </tr> <tr> <td>Attorney Docket Number</td> <td>042984-0364914</td> </tr> </table>	Application Number	10/067,987	Filing Date	02/08/2002	First Named Inventor	JESSE GAYTAN	Art Unit	1743	Examiner Name	Keri A. Moss	Attorney Docket Number	042984-0364914
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First Named Inventor	JESSE GAYTAN												
Art Unit	1743												
Examiner Name	Keri A. Moss												
Attorney Docket Number	042984-0364914												

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 27500

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 27500

OR


<input type="checkbox"/> Firm or Individual Name Address City Country Telephone	State Zip Email
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF Applicant or Assignee of Record

Signature		
Name	Todd Zagorec, VP Legal Counsel, Arysta LifeScience North America, LLC	
Date	December 15, 2008	Telephone (801) 433-2142

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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